

VITAL SIGNS

Perspectives of the president of APHA

Family history: An important new public health strategy

THIS month I'd like to share my thoughts on what I regard as a potentially significant development in chronic disease prevention strategy and public health practice: Family history.

Why potentially significant? Because it promises to be important as an adjunct to clinical practice, in targeting public health interventions, in focusing community health promotion efforts and improving health literacy and consumer empowerment.

It's been known for years that people who have close relatives with heart disease, diabetes, cancer and other diseases are more likely to develop those diseases themselves. The number and familial proximity of affected relatives and their ages at disease onset also affect the risk. Genetic susceptibility to these diseases is largely the result of multiple genes interacting with multiple environmental factors.

It's also clear that family history is underutilized in preventive medicine and public health practice.

Family history is more than genetics. It also reflects the consequences of inherited genetic susceptibilities, shared environments, shared cultures and common behaviors. All these factors are important in estimating disease risk from both patient and population perspectives.

On a community level, people need to know that family history affects risk, and that risk is amplified by modifiable behaviors and lifestyle choices.

On the patient level, more specific applications are being developed. For example, the Centers for Disease Control and Prevention, in collaboration with the National Institutes of Health and other partners, is developing a tool for the use of family history information in assessing risk for common diseases. The tool is being designed

to support risk awareness, early detection and other prevention strategies.

A test version of the tool should be available early next year. The prototype tool covers heart disease, stroke

and diabetes as well as breast, ovarian and colorectal cancer.

Additional diseases will be added.

Patients will be able to use the tool in a provider's office or at home before a medical consultation. The tool includes algorithms in the software that interpret the data and provide a brief synopsis of disease risk and suggestions for follow-up.

Patients and their providers can then discuss the implications of family history information and keep it updated. People at average risk should be encouraged to adhere to standard public health recommendations for maintaining good health. People with an increased risk could be given personalized prevention recommendations such as lifestyle changes or early detection instructions. People at high risk could be referred for consultation with a geneticist or other appropriate specialist.

We must all begin thinking about how family history strategies will complement our chronic disease prevention and control efforts.

Look for a major initiative on this subject from the U.S. Department of Health and Human Services later this year. In the meantime, more information is available online at www.cdc.gov/genomics/info/perspectives/famhistr.htm. ■

Virginia A. Caine

Virginia Caine, MD
virginia.caine@apha.org



Copyright of Nation's Health is the property of American Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.